

17858 U.S. PTO  
10/733644

121203

Transmitted herewith for filing is the patent application of under 37 CFR 1.53(b) :

TITLE: VERFAHREN UND VORRICHTUNG ZUR MAGNETRESONANZ-SPEKTROSKOPIE

\_\_\_\_ This is a continuing application of prior Application No. \_\_\_\_/\_\_\_\_\_  
 \_\_\_\_ Continuation  
 \_\_\_\_ Divisional  
 \_\_\_\_ Continuation-in-part

## XX Specification

XX	5	Sheets of drawings
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XX Oath or Declaration signed by the inventor(s)

XX Newly Executed

\_\_\_\_ Copy of Oath or Declaration from a Prior Application

PLEASE DELETE the following inventor(s) named in the prior nonprovisional application:

\_\_\_\_\_ The inventor(s) to be deleted are set forth on a separate sheet attached hereto.

\_\_\_\_\_ If copy of Declaration filed, the entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

\_\_\_\_ Microfiche Computer Program

           Nucleotide and/or Amino Acid Sequence Submission

Assignment to

Certified copy of

\_\_\_\_ Convention priority is claimed

\_\_\_\_ English Translation Document

         Preliminary Amendment

## Information Disclosure Statement

DENNISON, SCHULTZ, DOUGHERTY & MACDONALD  
LAW OFFICES  
SUITE 105  
1727 KING STREET  
ALEXANDRIA, VIRGINIA 22314-2700  

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703 837-9600

The Filing Fee has been calculated as shown:

\_\_\_\_ PLEASE ENTER PRELIMINARY AMENDMENT PRIOR TO CALCULATING FILING FEE

		(Small Entity)	(Large Entity)
BASIC FEE		\$385	\$770
Total Claims	- 20 = 0	x \$ 9 =	x \$ 18 =
Indep. Claims	- 3 = 0	x \$ 43 =	x \$ 86 =
Multiple Dependent Claims Presented	+ \$145 =	+ \$290 =	
TOTAL		\$385	\$

\_\_\_\_ Please charge Deposit Account \_\_\_\_\_ in the amount of \$\_\_\_\_

XX A payment of \$ 385.00 is made by credit card. A Credit Card Payment Form (PTO-2038) is attached hereto. The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR 1.16 or any patent application processing fees under 37 CFR 1.17, or credit any over payment to the credit card account shown on the attached Credit Card Payment Form. Refund of all amounts overpaid, including those of twenty-five dollars or less, is specifically requested.

XX The Commissioner is hereby authorized to charge payment of any additional claims fees required under 37 CFR §1.16 or processing fees under 37 CFR §1.17, or credit any overpayment, to Deposit Account 04-0753. A duplicate copy of this sheet is enclosed.

PLEASE CONDUCT CORRESPONDENCE WITH THE UNDERSIGNED ATTORNEY.

Date: December 12, 2003



Malcolm J. MacDonald  
Registration No. 40250

Customer No. 23338

DENNISON, SCHULTZ,  
DOUGHERTY & MACDONALD  
1727 King Street, Suite 105  
Alexandria, Virginia 22314-2700  
(703) 837-9600  
(703) 837-0980 (fax)